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Bib Data Sheet

CONFIRMATION NO. 1857

SERIAL NUMBER 10/076,266	FILING DATE 02/15/2002 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO.
APPLICANTS Denis Eon Solomon, Miami, FL; ** CONTINUING DATA ***** <i>None</i> ** FOREIGN APPLICATIONS ***** <i>O-K</i> UNITED KINGDOM GB 0008079.6 04/04/2000 IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/23/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY FL	SHEETS DRAWING	TOTAL CLAIMS 1
				INDEPENDENT CLAIMS 1
ADDRESS DENIS EON SOLOMON 233 SW 31ST ROAD MIAMI , FL 33129				
TITLE Surgical-medical dressing for the treatment of body burns and for wound healing which employs human umbilical vein endothelial cell conditioned medium for human cell growth used in the manufacture of the dressing				
FILING-FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

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Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 1		
ADDRESS FLEIT KAIN GIBBONS GUTMAN BONGINI & BIANCO 750 SOUTHEAST THIRD AVENUE SUITE 100 FL. LAUDERDALE , FL 33316-1153				
TITLE Surgical Medical Dressing				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	